

## State of Idaho

Ben Ysursa Secretary of State

Phone: (208) 334-2852 Fax: (208) 334-2282

## LOBBYIST MONTHLY REPORT FORM

To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page\_\_\_of\_\_Page(s) THIS SPACE FOR OFFICE USE ONLY

09 MAY 14 AM 9: 18

STATE OF IDAHO

		e instructions at	•									
Lobbyis	t's name and p	ermanent busine	ss address			Da	te pr	epared		Period	covered	
	Naerebout									[	month en	ding
		Drive North,	Suite A							()40	) (Day)	(7/-)
ıwın	Falls, Idah	10 83301						May 12, 2	009	(Mo.	1	(Yr.)
										05	31	09
Item 1	Totals	s of all reportal	ble expenditures made or	r incurred b	by Lobl	byist o	r by	Lobbyist's Empl	oyer on behal	f of Lobb	yist's Emplo	yer.
	itegory of Ex		*Total Amount for	Proportion Item 3, at				uted by each emplo	oyer (Identify	employers	, under	
Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity		All Employers			· ,			T				
Do Not Have to be Reported				Employer No. 1		1	Employer No. 2		Employer No. 3		Employer No. 4	
Entertain Food ar		ent	\$ 0.00	s			\$		\$		\$	
Food and Refreshment			0.00	<b>9</b>			<b>"</b>		J		<b>3</b>	
Living Accommodations			0.00				_				-	-
Advertising			0.00				_					
Travel			0.00									
Telephone			0.00				_					
Other E	expenses or S	ervices					_					
		m	6 0.00		0.0	00	_	0.00	_	0.00	_	0.00
		Total	s	<u> </u>		<del>-</del>	<b>S</b>		<b>\$</b>		\$	
*When t	the number of	employers you a	re reporting for requires mu	ultiple L-2 fo	orms to l	be filed	a tot	al amount for all e	mployers shoul	d be entere	d on Page 1.	
	The totals	of each expend	diture of more than seve									fficials and
Item-	member(s)	of their house	hold.		1			Names of	Legislators, Pu	ıblic and F	vecutive Office	iale
	Date		Place		A	mount		1	and Household			itas
	Continued on a	attached page(s)										
INSTRUCTIONS						Iten 3	n	Employer(s) Name(s) and Address(es)				
Who	should file	this form: Ar	ny lobbyist registered un	der Section	n	No. I	Ida	aho Dairymen	's Associat	ion		
67-6	617 Idaho C	ode										
Filir	ng deadline:	Monthly repo	orts due within fifteen (	15) days of	f the	No. 2	11	182 Eastland	Drive North	, Suite	Ą	
		ies of the past		-			Τv	vin Falls, Idah	no 83301			
TO	BE FILED W	VITH:										
Ben Ysursa Secretary of State						No. 3						
			Box 83720								_	
ı	Roise ID 83720-0080											

## Item 4 is no longer statutorily required.

ltem		ect matter of proposed legislat		LEGISLATIVE SUBJECT IDENTIFICATION							
5		ouse Bill, Resolution or other									
	the L	obbyist was supporting or opp	osing.		Subject		Subject				
	tt Code table)	Bill, Resolution or Other Legislative Ident. Number	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state	18 19 20 21	Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)				
ltem 6	bid or i	Identify any rule, ratemaking decision, procurement, contract, oid or bid process, financial services or bond lobbyist was supporting or opposing.			CERTIFICATION: 1 hereby certify that the above is a true, complete a correct statement in accordance with Section 67-6624 <b>Idaho Code</b> .						